

EMAIL



FORM
LOB
(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

13 MAY 31 A10:04

STATE OF HAWAII
STATE ETHICS COMMISSION

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February ☒ March 1 - April 30 ☐ May 1 - December 31

LOBBYIST INFORMATION

Fujimura

Last Name

Susan

First Name

A.

M.I.

Alston Hunt Floyd & Ing

Lobbyist Firm/Employer

1001 Bishop Street, Suite 1800

Mailing Address (Number and Street or P.O. Box)

Honolulu,

City

HI

State

96813

Zip Code

(808) 524-1800

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Fees Paid to Lobbyist	Postage	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1. American Resort											
2. Development Association		0	0	0	0	0	0	0	0	0	0
3. Hawaii Association of											
4. Mortgage Brokers		0	0	0	0	0	0	0	0	0	0
5. Hawaii Dental Service		0	0	0	0	0	0	0	0	0	0
6. The Gas Company		0	0	0	0	0	0	0	0	0	0
7. Lanai Resorts LLC		0	0	0	0	0	0	0	0	0	0
8. Ohana Health Plan		0	0	0	0	0	0	0	0	0	0
9. Pfizer		0	0	0	0	0	0	0	0	0	0
10.											
11.											
12.											
13.											
14.											
15.											
16. Total Expenditures from Additional Attached Sheet(s)											

Add Total Expenditures (lines 1 through 16) Total Expenditures 0

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other (indicate below): |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

AUTHORIZED PERSON

Susan A. Fujimura

Sr. Gov't Rel Advisor

5/31/2013

Print Name of Authorized Person (First M.I. Last)

Title

Date (m/d/yyyy)

☒ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.